

MSUM Purchasing Card Application

New Application

Renewal



1. Cardholder Information:

Cardholder's Legal Name: _____
Last First Middle Initial

Position & Title: _____

MSUM Telephone (ext.): _____ Last 4 digits of SS# 000-00- _____

MSUM Email: _____

2. Department and Cost Center Information:

Department Name: _____ Default Cost Center: _____

Requested Monthly Limit: \$ _____ Requested Single-Purchase Limit: \$ _____

*Typical requests are for \$2,500/\$1,000 limits or \$5,000/\$2,500 limits

3. Justification for Requested Limits (please be specific):

4. Approver Information:

Cardholder Approver's Name: _____
Last First

5. Authorizing Signatures Needed:

- *As the cardholder, I understand I am required to adhere to all Minnesota State University Moorhead purchasing policies and procedures applicable to the use of the card.*

Cardholder Signature: _____ Date: _____

- *As the Approver, I am approving the purchasing card issuance, and I agree to fulfill the requirements of an Approver.*

Approver Signature: _____ Date: _____

6. Submit approved application to: *Business Services, 106 Owens Hall*

Signature: _____ Date: _____
Comptroller, Business Services